

Seasons Natural Healthcare, LLC
 Cora Rivard, ND
 Health History Questionnaire (Confidential)

Name of Child: _____ Age: _____ Date of Birth _____ Sex: _____

Name of Parent: _____

Home Address: Street: _____ City _____ State _____
 Zip _____

Phone: Home () _____ Parent Work: () _____ Email: _____

How did you hear about Seasons Natural Healthcare? _____

What is the purpose of your visit, and what concerns do you have regarding your child's health?

Does your child have any current diagnoses? If so, please list:

Is your child allergic to any medications? _____

If "yes," please list: _____

What happens when your child has an allergy attack to this medication?

Please list any other known allergies or sensitivities here (food, environmental):

Current Medication List

Please list all pharmaceutical medications that your child is currently taking, along with dosage and frequency. Be sure to include any over the counter medications given to them, such as pain relievers or antacids.

Medication	Dosage	Frequency

Current Supplement List

Please list all vitamins, minerals, herbs and homeopathics that your child is currently taking, along with dosage and frequency.

Supplement	Dosage	Frequency

Please list your child's pediatrician, as well as any specialists working with your child:

Pediatrician: _____ Phone: _____

Name/specialty: _____ Phone: _____

Name/specialty: _____ Phone: _____

Name/specialty: _____ Phone: _____

Does your child have any previously diagnosed medical conditions?

Hospitalizations, Surgeries and Special Studies. What types of hospitalizations, surgeries and/or special studies (x-ray, MRI, CT scan) has your child had? Please list type and approximate date.

Is your child up to date with standard immunizations? _____

Does your child have any special needs not listed elsewhere, such as dietary modifications, disabilities, or any strong aversions?

Please circle any of the following if present in your child's personal or family history (someone related to your child has had it):

Anemia	Arthritis	Asthma/Hay fever	Cancer	Chronic Fatigue
Diabetes	Addiction	Eating Disorder	Epilepsy	Eczema/Psoriasis
Glaucoma	Heart Disease	Hypertension	Stroke	Kidney Disease
Mental Illness	Osteoporosis	Thyroid Disease	Tuberculosis	